

Enrolment Form

- Royston
- Tiptree
- Littlegarth



Student Details	
Full Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Postcode:	
Email Address:	
Telephone:	Mobile:
ISTD PIN:	
Medical conditions/allergies/required medication/learning difficulties that Miss G's Academy of Performing Arts should be aware of:	

Parent/Guardian 1 Details	Parent/Guardian 2 Details
Full Name:	Full Name:
Address:	Address:
Postcode:	Postcode:
Email Address:	Email Address:
Telephone:	Telephone:
Mobile:	Mobile:
Preferred email address for correspondence and invoices:	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2
How did you hear about Miss G's Academy of Performing Arts?	

- I, the legal parent/guardian of the student named above, accept and understand that appropriate physical contact may be necessary within the dance class and hereby give permission for any teacher from Miss G's Academy of Performing Arts to do so. I further understand that any person teaching for Miss G's Academy of Performing Arts is required to complete formal training and undergo a Disclosure and Barring Services (formerly CRB) check.
- I hereby give permission to Miss G's Academy of Performing Arts to use any still and/or moving image (eg., video footage, photographs and/or frames) that includes the student named above whilst performing with Miss G's Academy of Performing Arts for advertisements, marketing material, social media, website or educational or publicity material for Miss G's Academy of Performing Arts.
- I understand that the Health & Safety Policy, Child & Vulnerable Adult Protection Policy and Operating Policy can be found on the website of Miss G's Academy of Performing Arts and I consent to and agree to abide by the terms of these policies.
- I understand that half a term's written notice must be given if the student named above wishes to stop a class and/or leave Miss G's Academy of Performing Arts, otherwise I agree to pay half a term's fees in lieu.
- I understand that all invoices must be paid by their due date and that failure to do so may incur a surcharge.
- I understand that all information provided on this form will be treated confidentially and will only be used for the administrative purposes of Miss G's Academy of Performing Arts and that no information will be released to third parties without my prior consent.

Parent/Guardian Signature:	Date:
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